

## A Brief Overview of Psoriasis Vulgaris

Psoriasis is a common, chronic, inflammatory disease that mainly affects the skin and joints. It is characterised by thick scaling, silvery plaques on an erythematous base, that can be pruritic and bleed when scratched. The most common areas involved are the elbows, knees, scalp, lumbosacral areas as well as the buttocks in the intergluteal cleft. The joints are involved in up to 30% of patients and can be the only manifestation of the disease, presenting as seronegative arthritis.

This disease can be inherited or acquired at a later stage, especially after a streptococcus throat infection or use of certain medications. It is driven by activated T-cells that secrete cytokines, which increases the rate of proliferation of keratinocytes( epidermal cells) and blood vessels. The imbalance between the rate of proliferation of keratinocytes and their shedding, results in the thick plaques observed in this disease. Dendritic cells, monocytes, as well as keratinocytes also secrete cytokines, thereby making the pathogenesis of this disease more complex. The autoimmune component of this disease also affects the joints and nails. During the past few years, there have been many studies that have proved a direct link of psoriasis with cardiovascular disease, as well as depression. Therefore patients who are at risk, should be screened.

While treating the patient, one must take into account various factors like cost, compliance, joint involvement, as well as time needed to attend phototherapy sessions. There are many treatment modalities, starting from creams, oral treatments, light therapies to biologics. One must start with the mildest treatment possible, which has the least side-effects and modify according to the response. Cortisone creams, calcipotriene, tar mixtures and salicylic mixtures are some of the first line treatments. Oral treatment includes acetretin, methotrexate, ciclosporine and azathioprine. All treatments can be combined with psoralen<sub>2</sub> and UVA light therapy or narrowband UVB light therapy. The narrowband light therapy is easier to administer and has less side-effects. Excimer laser is an expensive treatment option for small areas.

This disease has a direct link with poor lifestyle and is aggravated by stress, smoking and alcohol use. Thus, before any treatment is initiated, one has to counsel the patient on lifestyle changes and good compliance should be emphasized. Regular follow-up with the dermatologist and yearly check-ups by the physician (for those at risk of cardiovascular disease ), will keep the disease under control and prevent severe complications, like erythroderma or permanent joint damage.